

BUTTE COUNTY DEPARTMENT OF PUBLIC HEALTH
Division of Environmental Health
202 Mira Loma Dr., Oroville, CA 95965
Telephone (530) 552-3880; Fax (530) 538-5339

APPLICATION FOR PERMIT TO INSTALL
UNDERGROUND HAZARDOUS MATERIALS STORAGE TANK(S)

Name of Establishment: _____

Assessor's Parcel #: _____

Site Address/Location: _____

Mailing Address: _____

Tank Owner/Representative of Business: _____

Telephone: _____

Tank Owner's /Representative's Address: _____

Applicant's Name: _____

Telephone: _____

Mailing Address: _____

Email: _____

Installation Contractor: _____

Telephone: _____

Mailing Address: _____

License #: _____

Email: _____

License Type: _____

Workers' Compensation Declaration: I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
- I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of work for which this permit is issued. My workers' compensation insurance carrier and policy number are:
Carrier: _____ Policy Number: _____
(The above sections need not be completed if the permit is for work of a valuation of one hundred dollars (\$100) or less).
- I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

DATE : _____

Signature of Applicant

ATTACHMENTS TO BE INCLUDED:

Construction Plans (stamped by registered engineer/architect)	Date Recd _____
Equipment Specifications – (All compatible per LG-113)	Date Recd _____
Site Specific Health & Safety Plan	Date Recd _____
Buoyancy Calculations & Anchoring Plans (As Required)	Date Recd _____
Installation Certifications (ICC, Manufacturer Certifications, etc.)	Date Recd _____

PERMIT FEES:

Number of Tanks: _____
Plan Review & Inspection Fee (1 Tank): _____
Plan Review & Inspection Fee (additional tank) _____
TOTAL FEES: _____

DEPARTMENT USE ONLY:

Receipt No. _____

Date _____

Permit Issued _____ By _____

EXPIRATION DATE _____